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THIS IS A PERMANENT RECORD.  
FILL OUT ALL BLANKS.  
AGENTS should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
BUREAU OF VITAL STATISTICS		State Index No. 501	
County <u>Graham</u>	District <u>Safford</u>	County Registered No. <u>27</u>	
Town	Or City	Local Registrar's No. <u>72</u>	
No. _____ St. _____ (If death occurred in a Hospital or Institution, give its NAME instead of street and number.)			
FULL NAME <u>John Herman Boyd</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>Male</u>	Color or Race <u>White</u>	DATE OF DEATH <u>Aug - 12 - 1917</u> (Month) (Day) (Year)	
DATE OF BIRTH <u>Aug 8 - 1839</u> (Month) (Day) (Year)	SINGLE <input checked="" type="checkbox"/> MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> OR DIVORCED <input type="checkbox"/>	I hereby certify, that I attended deceased from _____ 191 to _____ 191; that I last saw h. _____ alive on _____ 191, and that death occurred on the date stated above at _____ M. The DISEASE or INJURY causing Death was as follows: <u>Tuberculosis</u>	
AGE <u>78</u> yrs. <u>4</u> mos. <u>4</u> days hrs., or min.	OCCUPATION (a) Trade, profession or particular kind of work. (b) General nature of industry, business, or establishment in which employed or (employer)	(Duration) _____ yrs. _____ mos. _____ days	
BIRTHPLACE (State or country) <u>Isle of Man</u>	NAME OF FATHER <u>John David Boyd</u>	Was disease contracted in Arizona? <u>No</u> If not, where? _____	
BIRTHPLACE OF FATHER (State or country) <u>Isle of Man</u>	MAIDEN NAME OF MOTHER <u>Jane Collier</u>	CONTRIBUTORY (Duration) _____ yrs. _____ mos. _____ days	
BIRTHPLACE OF MOTHER (State or country) <u>Isle of Man</u>	THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE	(Signed) <u>W. E. McWhit</u> 191 (Address) <u>Safford</u>	
(Informant) <u>C. S. Case</u>	(Address) <u>Safford Ariz</u>	*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
PLACE OF BURIAL OR REMOVAL <u>Bona</u>	DATE OF BURIAL OR REMOVAL <u>Aug 14 1917</u>	LENGTH OF RESIDENCE At place of death _____ yrs. _____ mos. _____ ds. In Arizona _____ yrs. _____ mos. _____ ds.	
UNDERTAKER <u>Thorpe</u>	ADDRESS <u>Safford</u>	Former or Usual Residence _____ Filed <u>12/31 - 1917</u> <u>W. E. McWhit</u> Local Registrar Filed <u>1/10 - 1918</u> <u>J. N. Stratton</u> County Registrar	